DOCUMENT RESUME

ED 240 449 CG 017 279

AUTHOR Kosak, Karen
TITLE Real vs. Ideal Self Discrepancy in Bulimics.
PUB DATE Apr 83
NOTE 13p.; Paper presented at the Annual Convention of the Rocky Mountain Psychological Association (Snowbird, UT, April 26-30, 1983).
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Body Image; Eating Habits; *Emotional Disturbances; Females; Models; Psychological Patterns; Q Methodology; Self Concept; *Self Congruence; Self Control; *Self Esteem
IDENTIFIERS *Bulimia

ABSTRACT

Bulimia is an eating disorder prevalent among young women, characterized by binge eating episodes followed by purging with subsequent depressive moods and self-deprecating thoughts. To determine whether bulimic women exhibit a greater discrepancy between their perceived and ideal selves than do nonbulimics, three samples of women were assessed. The nonbulimic group of 53 women included 18 who reported occasional compulsive overeating but no purging. The third group consisted of 11 bulimics enmeshed in a pattern of disturbed eating behavior. An Eating Problems Questionniare was administered to all participants, and a personality test using a Q-sort methodology was administered to measure real-ideal self-discrepancy. Analyses of results showed the mean discrepancy score for nonbulimic women was 49.9. For those who claimed some compulsive eating behavior the mean was 61. For the bulimic group the mean was 106. The findings demonstrated an extraordinary discrepancy between how the bulimic sees herself and how she would like to be. Bulimics might be helped by being encouraged to develop less perfectionist conceptions of their ideal self. The resulting increase in their self-congruence might reduce their need to engage in a self-destructive binge/purge cycle. (JAC)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED240449

REAL VS. IDEAL SELF DISCREPANCY IN BULIMICS

Karen Kosak
Colorado University

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☒ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Karen Kosak

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

CG 017279

Paper presented at the Annual Convention of the Rocky Mountain Psychological Association, Salt Lake City, UT, April 26-30, 1983.

ABSTRACT

Bulimia is an eating disorder prevalent among women. It is purported to comprise of binge eating episodes with subsequent depressive moods and self deprecating thoughts. Purging follows the binge behavior and may consist of self induced vomiting, laxative abuse, or rigid dieting. This study reports that bulimics demonstrate a significantly greater discrepancy than do nonbulimics between how they perceive themself and how they would ideally like to be. Such a disparity between "real self" and "ideal self" was assessed using Q-sort methodology and indicates maladjusted self concept and low self esteem. This finding corresponds with the clinical description found in the literature concerning the bulimic's personality and holds implications for treatment. Finally, theoretical discussion depicts the real-ideal discrepancy in relation to the underlying emotional dynamics of the binge purge cycle.

An increasing number of bulimics have been recognized in this country. Initially, bulimics were predominantly described as attractive and intelligent college age women of high economic status, but more recently, women of various economic and educational standing have been noted to experience bulimia (Boskind-White and White, 1983, p.22). The bulimic is anxious and holds high expectations for herself. She typically manifests great guilt and depression following a binge (DSM III, 1980; Garner and Garfinkel, 1980; Russell, 1979; Stuckey, 1981). Other salient characteristics noted in the bulimic are a feeling of learned helplessness or a sense of ineffectiveness, and low self esteem (Boskind-Lodahl,1976; Boskind-White and White, 1983, p. 20; Bruch, 1973; Stuckey, 1981).

The primary characteristic of bulimia is the recurrent pattern of bingeing and purging. Boskind-Lodahl (1976) suggests that the bulimic struggles to meet unrealistic goals by imposing severe ascetic control over herself. Characteristically, the cycle is a substitute way of dealing with poor self-esteem, depression, and a deep sense of inadequacy that the bulimic is unable to face and cope with directly. The binge-purge cycle itself may become addictive and consequently, the bulimic feels out of control, desparate, and helpless. Bulimics are, often unconsciously, very concerned about disappointing themselves and others. They are frequently preoccupied with acceptance and approval, dreading any mistake that will cause them to appear less than perfect and therefore result in rejection (Boskind-Lodahl, 1976; Boskind-White and White, 1983, pp. 86-88; Davis, 1980).

The object of the present study concerning self concept of the bulimic is to determine whether bulimic women exhibit a greater discrepancy between their perceived self and ideal self than do nonbulimics.

The rational constituting the hypothesis for a large discrepancy between self concept and concept of desired or valued self is that such a discrepancy reflects a sense of self satisfaction or dissatisfaction. If such a discrepancy is demonatrable in bulimics, the finding might have important implications for psychotherapy.

METHOD

Subjects

To accomplish the proposed study, three samples of women, ages 17-32, and of varying body weight were assessed. Comprising the nonbulimic group were 53 women who did not manifest a cyclical pattern of bulimia alternating with purging bahavior. Subjects within the nonbulimic group formed a third group of 18 women who self reported occasional compulsive overeating but no purging. All of these subjects were obtained from a psychology course which required that they participate in ongoing research experiments in order to pass the course. The 11 bulimic subjects were obtained from self help groups or had answered to a campus bulletin; one bulimic was hospitalized in a psychiatric institute. These women were currently enmeshed in a pattern of disturbed eating behavior which involved compulsive bingeing followed by severe fasting, laxative abuse, rigid dieting, and/or excessive exercise. Four of the bulimics formerly had anorexic symptoms. Three of the 11 bulimics were not receiving therapy; One of the three had tried therapy for a short time while she was anorexic.

Instruments

An Eating Problems Questionnaire (Johnson, et al., 1981) was administered to all participants in order to categorize the three groups. A personality test using Q-sort methodology was also administered to measure real-ideal self discrepancy. The 50 statements chosen for the present

study were taken from a study done by Rosalind Dymond (1953). Each statement was typed onto a 5" by 7" index card. The subject was instructed to place each card in one of nine piles arranged along a continuum from "very strongly uncharacteristic" to "very strongly characteristic" of me. A specified number of cards was required for each of the nine piles so as to achieve a quasi-normal distribution and the ready assignment of score values. The number of each pile (1-9) represented a score for the statements (1-50) placed in it. The differance between where a statement was placed for the real self sort vs. the ideal self sort was calculated. For instance, personality statement #1, "I am likeable", may be placed in pile #3 (moderately characteristic of me) for the real self sort, but for the ideal self sort it is placed in pile #8 (strongly characteristic). The difference is five points. The discrepancy score is the sum of all differences between real and ideal for each of the 50 statements. This discrepancy yields an indication of self esteem. It indicates operationally not only the way in which the individual perceives herself as possessing a given characteristic (real self sort) but the degree to which she values that characteristic (ideal self sort). The assumption for using this Q-sort method is that the individual is able to order self perceptions along a continuum of values.

Procedure

Before testing, subjects were given a consent form which informed them that the study they were about to participate in concerned eating behavior and self concept and that this study had been approved by the Human Research Commitee on campus. Each subject completed the Eating Problems Questionnaire and two Q-sort personality tests representing: (1) "...how you feel about yourself now" and (2)"...what you would like to be". The order in which the EPQ and Q-sorts were given was counter-

balanced. After the 50 statements were appropriately placed onto the nine pile distribution, the subject called out each pile number and the personality statements (1-50) they had placed in it as the author recorded the results. All subjects received a feedback sheet immediately after testing was completed.

RESULTS

This study sought to provide evidence for the hypothesis stating that bulimics have a significantly greater discrepancy between their perceived self and their ideal selves than do nonbulimics. The mean discrepancy score for women without an eating problem (nonbulimic) was 49.9. For those subjects who claimed to have some compulsive eating behavior, the mean was 61. For the bulimic group the mean was 106. Of the 11 bulimics, eight scored 110 or greater; two scored between 80 and 95; one scored below 50. These results are significant beyond the .001 level of significance (t test).

See Figure 1, insert here

DISCUSSION

The results of this study demonstrate an extraordinary discrepancy between how the bulimic sees herself and how she would like to be. Recall that the bulimic is in part characterized as anxious and holds high expectations for herself. She manifests great guilt and depression following a binge (Stuckey, 1981). For the bulimic, self concept is discrediting. Her ideal self constitutes great achievement (scholastic, interpersonal, and aesthetic) which she is unable to reach. Consequently, the bulimic feels disappointed, helpless, and anxious. She turns to food for relief. Bingeing represents feeling out of control. The result of the binge behavior is feeling guilt, despair, and further anxiety which leads to

purging in order to regain control. Paradoxically, during restraint (diet), the bulimic depends on external regulations to restrict her compulsion to eat in order to feel in control of the behavior. While bingeing, she feels out of control yet the choice or desire to overeat is initiated from within herself. Thus, it seems the bulimic must learn to trust her own ability to meet her needs, to choose when and what she eats.

See Figure 2, insert here

The nonbulimic subjects, as well as subjects designated as compulsive eaters, demonstrate that they value themselves more than do the bulimics who verify little self value. Due to the perfectionistic standards these women maintain, their needs, accomplishments, or shortcomings are not acceptable. The binge represents failure, after having had such high hopes for success. It seems she feels hopeless and out of control because she cannot be what she feels she must be in order to achieve love and approval. This experience of self defeat attributes to the bulimic's characteristic low self esteem.

Boskind-Lodahl (1976) and Boskind-White and White (1983,p.19) believe that strong socialization of the "feminine role" underlies the development of the bulimic eating disorder. The obsessive pursuit of thinness constitutes not only an acceptance of a societal ideal but an exaggerated striving to achieve it. Their attempts to control their physical appearance demonstrate a disproportionate concern for pleasing others, particularly men. The bulimic relies on others to validate her sense of worth. It seems these women lack a sense of personal power or self worth as an individual. Perhaps self reliance, independence, and assertiveness were not practiced in order to develop self trust and esteem.

Most women are socialized to dependency to some degree. Dependency necessitates being accomodating and responsive. This may work against the

development of a sense of self which might oppose the demands of others. It is probable that the bulimic fears she will be rejected if she "fails" to live up to the expectations others have of her which she in turn maintains. Bingeing and purging is a secretive behavior others need not know about. It may in part represent "failure" she cannot take responsibility for.

The real-ideal self discrepancy of bulimic women indicated from the results of this study has strong implications for therapy (Horney, 1945). Horney proposed that the well adjusted person accepts her real self on which she focuses and on which she tries to actualize while envisioning an ideal toward which she can realistically move. Unacceptance of real results in failure, causing still further rejection of the real self with an even greater elevation of the ideal. Consequently, the ideal and real self become more and more disparate and discomfort increases. As the self becomes better accepted there is less need for glorified ideal and it then becomes more realistic. The self ideal is a level of aspiration flexible over time. After adjustment to the goal is achieved, the ideal may be raised gradually and the self concept may move toward the gradually elevated ideal with further self growth (Horney, 1956).

Bulimics might be helped by being encouraged to develop less perfectionistic conceptions of their ideal self. The resulting increase in their real-ideal self congruence might reduce their need to engage in the despair induced, self destructive, binge-purge cycle. The bulimic might work on understanding how the binge-purge behavior functions to meet unrecognized emotional needs (hungers). In progressing toward self acceptance, she may more often discover and validate her own needs in less self defeating ways. She may realize that being responsible to herselfdoes not always result in rejection. Rather, it yields a sense of self satisfaction, security, and self reliance. A support group may

provide the best opportunity for growth toward self acceptance (Boskind-White and White, 1983).

Certainly some individuals within the nonbulimic subjects feel dissonance between real and ideal selves, but their conflictual self concept is not manifested in an eating disorder. Further research might investigate low self esteem in women as it correlates with other addictive behaviors. Another study might investigate how the real-ideal discrepancy is comparable to men who feel they are not living up to societal standards or to their own expectations. Boskind-Lodahl (1976) reported that four men who engaged in binge-purge behavior exhibited striking commonalities to the bulimic women in her study: (1) all complained of feelings of inadequacy and helplessness and exhibited abnormally low self esteem, (2) all were extremely dependent and passive individuals who worked hard to please their parents through academic achievement, and (3) all expressed feeling inadequate in sustaining relationships with women.

Finally, the discrepancy score between the groups tested may have been even greater given a wider range of severity. Most of the bulimics obtained for this study had been in therapy and/or a support group and perhaps already had gained a greater self acceptance than the "closet" bulimic. To expand on this study, investigation of the following groups could be analyzed: (1) anorexics, (2) bulimics at normal weight, (3) overweight bulimics, (4) normal weight compulsive eaters, and (5) obese. The bulimics and/or obese subjects could be further subdivided into groups for those who formerly had anorexia nervosa or history of any other eating disorder. How do these groups compare or differ on self esteem measures? What kind of expectations do they have for themself and do such expectations affect how they perceive and value themself now?

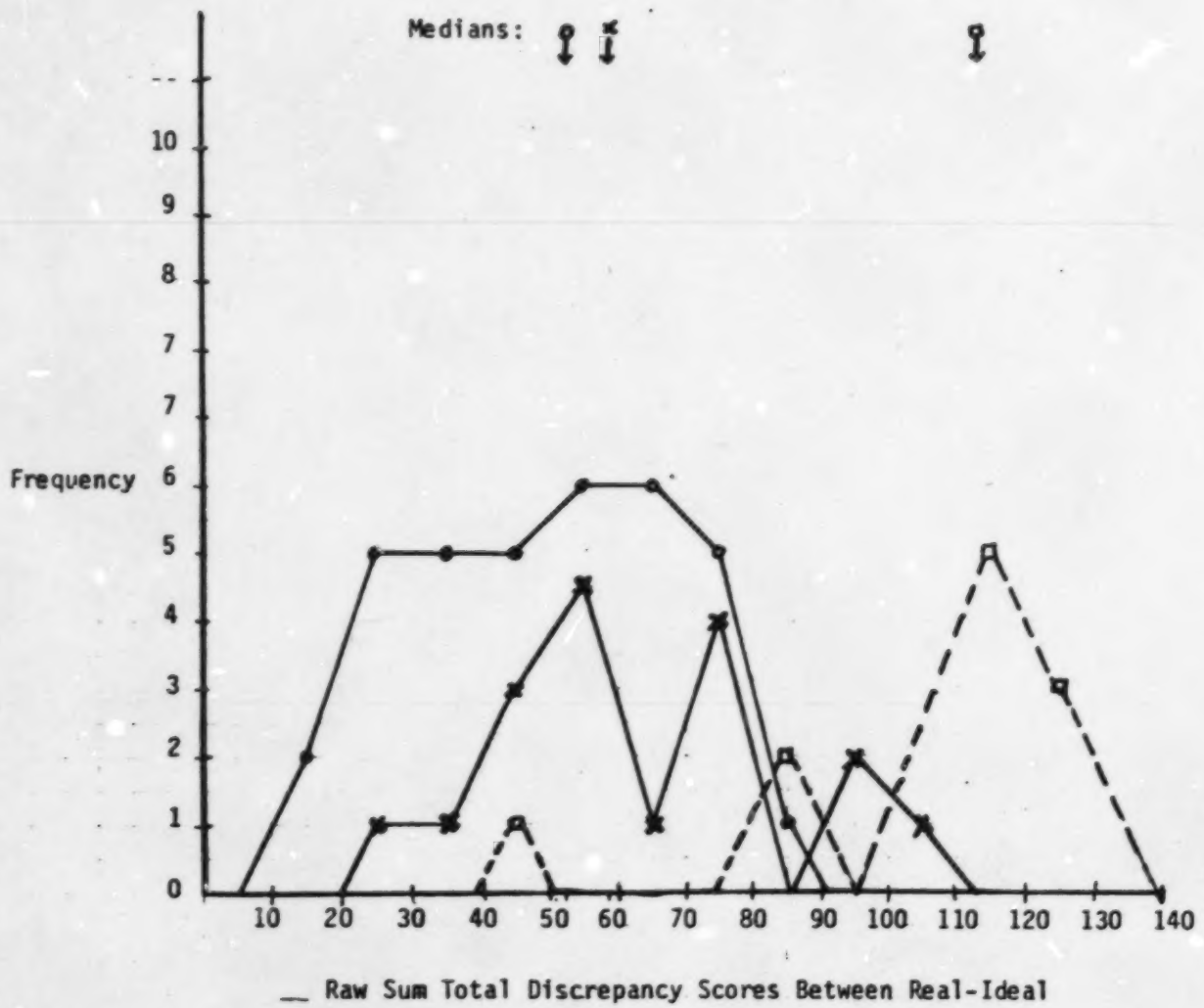

Figure 1 Frequency Polygon: Real-Ideal Discrepancies Among Three Groups of Women: ●——— No Eating Problem n=35

×——— Compulsive Eater n=18

□- - - - Bulimic n=11

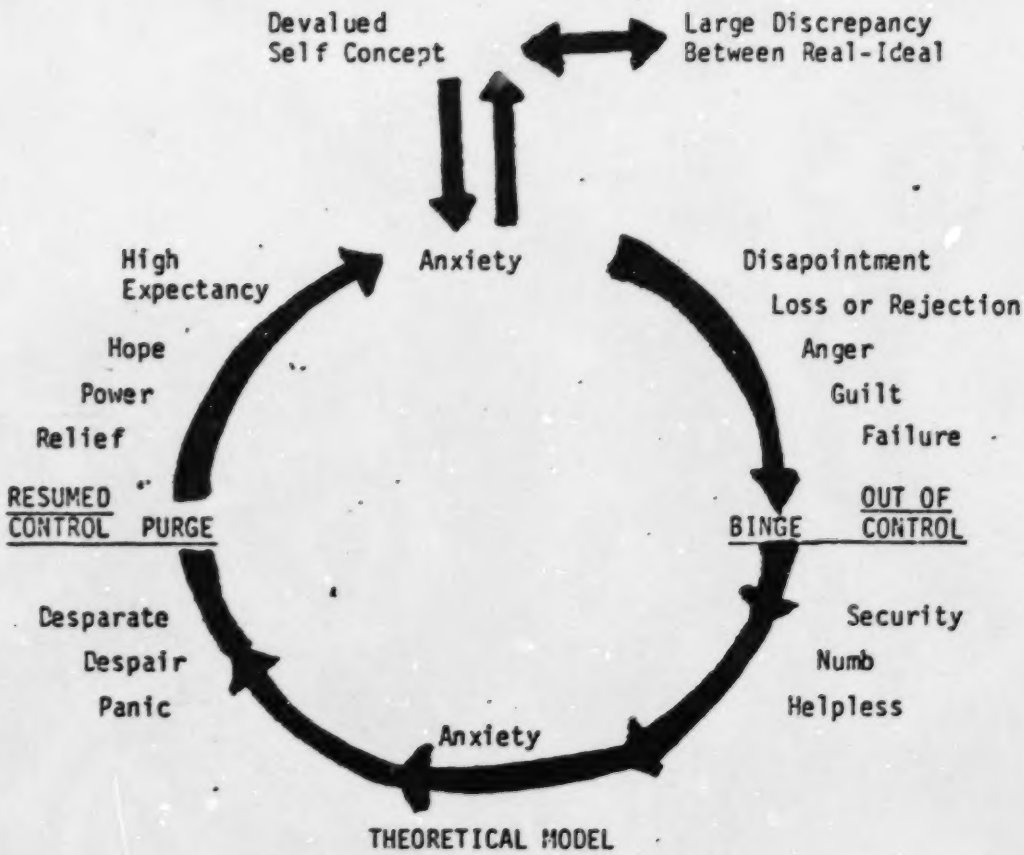

Figure 2 Underlying Emotional Dynamics of the Binge-Purge Cycle

References

Boskind-Lodahl, M. Cinderella's step-sisters: A feminist perspective on anorexia nervosa and bulimia. Signs: Journal of Women in Culture and Society, 1976, 2, 342-356.

Boskind-White, M. and White, W.C. Bulimarexia. New York: C.W. Norton and Co., 1983.

Bruch, H. Eating disorders: Obesity, anorexia nervosa, and the person within. New York: Basic Books, 1973.

Diagnostic and Statistical Manual of Mental Disorders (DSM III). Washington, D.C.: American Psychiatric Association, 1980.

Dymond, R. An Adjustment score for Q-sorts. Journal of Consulting Psychology, 1953, 17, 3, 339-342.

Garfinkel, P.E., Moldofsky and Garner, M. The heterogeneity of anorexia nervosa: Bulimia as a distinct group. Archives of General Psychiatry, 1980, 37, 1036-1040.

Horney, K. Our Inner conflicts. New York: Norton, 1945.

Russell, G.F.M. Bulimia nervosa: An ominous variant of anorexia nervosa. Psychological Medicine, 1979, 9, 429-448.

Stuckey, M. The depressive experience of normal weight bulimic women. Doctorial dissertation, Northwestern University, 1981.

Reference Notes

Davis, William N., Director. Center for the Study of Anorexia Nervosa and Bulimia. 1 West 91st Street. New York, N.Y. 10024

Johnson, C.J., Stuckey, M.K., Lewis, L.D. and Schwartz, D.M. Eating Problems Questionnaire. Michael Reese Medical Center. 29th Street and Ellis Avenue. Chicago, Ill. 60616